S. No. 2
M—2-43
r. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6470

Registration District No. 16 FILED FEB 16 1945

Primary Registration District No. 4258

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Edina 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hames Dennis Powell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Sarah Edith Sheets

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Jan - 23 - 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	2	hr. min.

9. Birthplace Marion County (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Wm. Powell
13. Birthplace Brown County (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Julia Dace
15. Birthplace Schuyler County (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Bliss C. Powell
(b) Address 1600 Anthony Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-28-1945. (Month) (Day) (Year)

(c) Place: burial or cremation Linville, Edina, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri.

19. (a) Feb. 3-45 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1945 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from July, 1943, to Jan. 26, 1945;
that I last saw him alive on Jan 25, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma rectum	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature I. J. Breckenfeld (M. D. or other) DO
Address Edina, Mo. Date signed 1/27/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-45-355
Date Filed FEB 14 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Elsie Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.